

**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF FRANKLIN**



**Annual Periodic Inspection**

*In Accordance With The Massachusetts State Building Code - 6th Edition - Section 106.  
Please complete all information on application.*

**ADDRESS ISSUED TO:**

**PREMISE NAME:**

**OWNER OF RECORD:**

**CERTIFICATE ISSUED TO:**

**TYPE OF BUSINESS:**

**USE GROUP:**

**FEE:**

**Comments:**

*Please include any new information to application. Fees for inspections up to 4000 square feet \$150.00,  
over 4000 square feet \$300.00*

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date:

**Return this application with your check to:**

**(Make checks payable to TOWN OF FRANKLIN)**

**355 East Central Street**

**Franklin, MA 02038**